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Fax Cover Sheet

To: USPTO

Date: Monday, May 30, 2005

FAX No: 703 872-9306

Re: Application: 09/760,908 continuation 11/001/625 -
Notification of address change and revocation of power of attorney;

Application: 09/830,279 - Notification of address change and revocation of power of attorney; and

Certificate of Correction for US Patent 6,891,094, claim 19

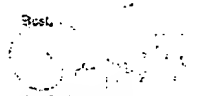
Pages (including this one): 9

To Whom It May Concern:

I am faxing over the documents regarding application 11/001/625 (continuation of 09/760,908) and 09/830,279 as specified above.

In addition, the allowed claim 19 of US Patent 6,891,094 issued May 10, 2005 was mis-printed as depending from claim 11 instead of claim 17 - It is my contention in view of the allowed claims in the application history, that this is a simple error on the part of the USPTO, probably the Publications Dept. I am asking for this to be corrected ASAP.

Best,



Geoffrey McCabe
8401 Crescent Drive
Los Angeles, CA 90046
mccabeg22@stoptical.net
323 848-8827
323 819-0100 cell

PAGE 05 * RCVD AT 12/27/2005 11:26:35 PM [Eastern Standard Time] * SVR:USPTO-EPXRF-8/27 * DNIS:2738300 * CSID:323 848 8827 * DURATION (mm-ss):07-04

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09 / 830, 279
	Filing Date	Oct. 23, 2001
	First Named Inventor	Geoffrey Lee M: Gabe
	Art Unit	2837
	Examiner Name	Kimberly Lockett
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Fax to: 571-273-8300
Remarks This is an amendment to OA dated 12/01/05 Contains duplicates of Revocation of Power of Attorney & Change of Address. (13 pages including this one.)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Geoffrey Lee M: Gabe
Signature	<i>[Signature]</i>
Date	12/26/05

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